

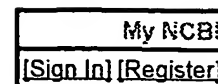
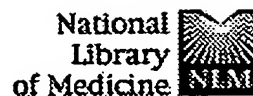
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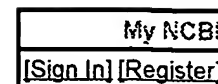
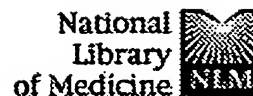
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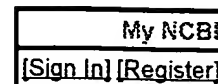
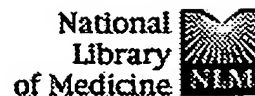
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## Effectiveness of fibrin glue in the reduction of postoperative intrapericardial adhesions.

**Boris WJ, Gu J, McGrath LB.**

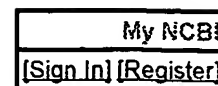
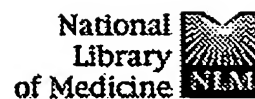
Department of Surgery, Deborah Heart and Lung Center, Browns Mills, NJ 08015, USA.

The hemostatic properties of fibrin sealant have been well described. Previously published reports have attempted to clarify the possible role of fibrin glue in the inhibition of the formation of intrapericardial adhesions following cardiac surgery. Earlier work hypothesized that fibrin glue may reduce the severity of postoperative adhesions and that the use of autologous fibrin glue may have similar effects, without the risks that accompany homologous blood products. Six juvenile farm pigs were utilized to test this hypothesis. Conventional fibrin glue and single-donor fibrin glue were tested in open-heart surgery. This experimental model was also reexamined and found to be of significant utility in simulating adult reoperative cardiac surgery. The fibrin glue subjects were universally easier to reoperate due to fewer adhesions, as demonstrated grossly and histologically. The single-donor fibrin glue had no significant advantage on adhesion formation, when compared to the conventional fibrin glue group, but the ramifications of formulating fibrin glue in this fashion offer a significant benefit toward the complete use of autologous blood products in open-heart surgery.

PMID: 8887071 [PubMed - indexed for MEDLINE]

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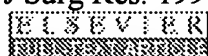
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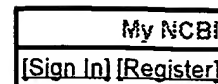
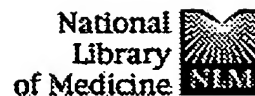
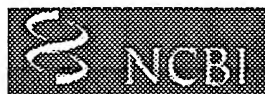
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### FGF-1 affixation stimulates ePTFE endothelialization without intimal hyperplasia.

Gray JL, Kang SS, Zenni GC, Kim DU, Kim PI, Burgess WH, Drohan W, Winkles JA, Haudenschild CC, Greisler HP.

Department of Surgery, Loyola University Medical Center, Maywood, IL 60153.

The affixation of FGF-1 to porous vascular grafts has been reported to stimulate capillary ingrowth and surface endothelialization. The current study further characterizes responses to fibroblast growth factor (FGF)-1 affixation to 30-cm-long grafts followed 140 days. ePTFE grafts (30 cm x 8 mm i.d.), 60 microns internodal distance, were impregnated with fibrin glue (FG) suspensions containing FGF-1 and heparin. Two negative control groups were treated either with FG with heparin alone or left untreated. Grafts were explanted from the canine thoracoabdominal aortic position after 10, 30, or 140 days ( $n = 3/\text{time}/\text{group}$ ) 10 hr after im injection of tritiated thymidine (0.5  $\mu\text{Ci}/\text{kg}$ ). Specimens were studied by light and electron microscopy, immunohistochemistry, morphometric analyses, and cross-sectional autoradiography. RNA preparations from inner capsule tissues were used for reverse transcription-polymerase chain reaction (RT-PCR) analyses of FGF-1, FGF-2, transforming growth factor-beta 1, (TGF-beta 1) and FGF receptor mRNA species. Inner capsule collagen was quantitated by hydroxyproline colorimetry. Histologic analyses of perianastomotic regions were performed for comparison purposes. All explants were patent and without intimal hyperplasia. Progressive capillarization of the internodal spaces occurred over time and was significantly more extensive in the FGF-1-treated group. Endothelialization of the luminal surface increased with time, at 140 days covering  $86.7 \pm 11.6\%$  of the FGF-1 explants vs  $46.1 \pm 7.5\%$  and  $48.1 \pm 13.3\%$  in the other groups,  $P < 0.007$  and  $P < 0.04$ , respectively. Inner capsule thickness at 140 days differed significantly ( $P < 0.05$ ) between the FGF-1 group (138.8 microns) vs either control group (93 and 67 microns, respectively), which did not significantly differ from each other. Cross-sectional autoradiography demonstrated an FGF-1-induced mitotic index increase at 30 days;  $9.6 \pm 4.4\%$  compared to  $2.5 \pm 1.0$  and  $0 \pm 0\%$ , respectively, with both myofibroblasts and endothelial cells incorporating the  $[^3\text{H}]$  thymidine label. The mitotic index returned to quiescent levels at 140 days ( $< 1\%$  in all groups). Collagen content increased with time in all groups, significantly greater in both FG groups vs untreated controls at 30 and 140 days. RT-PCR analyses



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## A technique for spot application of fibrin glue during open heart operations.

Garcia-Rinaldi R, Simmons P, Salcedo V, Howland C.

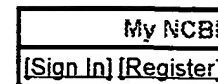
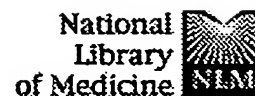
West Houston Medical Center, Houston Heart Institute, Texas.

Several techniques have been described for preparing and applying fibrin glue to control surgical bleeding. However, these methods tend to be cumbersome, expensive, or messy. Furthermore, commercial kits have not been approved by the Food and Drug Administration because of the potential risk of hepatitis contamination. Therefore, we have devised a modified, simpler technique that enables the precise, pinpoint application of fibrin glue. The risk of hepatitis transmission is substantially reduced by using cryoprecipitate plasma instead of fibrinogen from pooled donors. This technique is especially well suited for anastomoses of small vessels or for sealing suture holes in nonporous grafts.

PMID: 2463794 [PubMed - indexed for MEDLINE]

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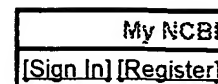
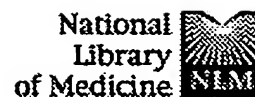
## Heparin-bonded circuits improve clinical outcomes in emergency coronary artery bypass grafting.

Aldea GS, Lilly K, Gaudiani JM, O'Gara P, Stein D, Bao Y, Treanor P, Osman A, Shapira OM, Lazar HL, Shemin RJ.

Department of Cardiothoracic Surgery, Boston Medical Center, Massachusetts 02118-2393, USA. galdea@bu.edu

Compared to patients undergoing elective or urgent coronary artery bypass grafting (CABG), those undergoing emergency CABG (EM-CABG) have a higher morbidity and mortality. The use of heparin-bonded circuits (HBC) has been shown to improve clinical outcomes in nonemergent CABG patients. It is not known, however, whether the improved hemostasis and attenuation of the inflammatory response to cardiopulmonary bypass, conferred by HBC, can overcome the high incidence of comorbid risk factors in (EM-CABG) patients and improve their outcomes. A retrospective analysis of 206 consecutive patients undergoing EM-CABG over 4 years (1993-1997) at one institution was performed. Eighty-one patients were treated with conventional non-heparin-bonded circuits (NHBC) with full anticoagulation protocol (FAP, activated clotting time [ACT] > 480 sec); 125 patients were treated with HBC and a lower anticoagulation protocol (LAP, ACT > 280 seconds). Outcomes and results were collected prospectively and are presented as mean +/- SD. Preoperative risk profiles were similar in both treatment groups. Postoperatively, compared with the NHBC group, patients treated with HBC/LAP required fewer homologous donor units (4.1 +/- 10.7 vs 8.2 +/- 13.6 units,  $p = 0.005$ ), were less likely to require inotropic support (18.6% vs 38.3%,  $p = 0.005$ ), and had a lower incidence of perioperative myocardial infarction (MI, 3.2% vs 12.3%,  $p = 0.04$ ) and pulmonary complications (4.0% vs 12.3%,  $p = 0.04$ ). The use of HBC/LAP resulted in a decreased incidence of postoperative complications (12.8% vs 28.4%,  $p = 0.01$ , odds ratio 0.37 with 95% confidence interval [CI] 0.18-0.76). This resulted in a shorter duration of ventilatory support (30.5 +/- 54.0 vs 72.8 +/- 16.7 hours,  $p = 0.009$ ), ICU stay (38.2 +/- 36.5 vs 91.5 +/- 68.7 hours,  $p = 0.009$ ), hospital stay (8.0 +/- 7.1 vs 11.0 +/- 8.9 days,  $p = 0.008$ ), and therefore cost. In conclusion, the use of HBC/LAP in EM-CABG resulted in a reduction of homologous transfusion and postoperative complications associated with decreased hospital stays and cost.

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## Controlled clinical studies of fibrin sealant in cardiothoracic surgery—a review.

Kjaergard HK, Fairbrother JE.

Department of Cardiothoracic Surgery, Gentofte University Hospital, Hellerup, Denmark.

**OBJECTIVE:** More than 2300 clinical papers have been published on the surgical applications of fibrin sealant (FS), with the largest number in the speciality of cardiothoracic surgery. The purpose of this review of the literature was to find and evaluate controlled studies published in the field of cardiothoracic surgery, to clarify the indications and emphasize the benefits of FS available to the practising surgeon. **METHODS:** A database of the surgical publications of FS was created. Up to the end of 1995, at least 24 controlled clinical studies had been published; these may be divided into 20 studies with a positive outcome and 4 studies where the results were not different from the controls. In none of the studies was the clinical result worse after the use of FS. **RESULTS:** In most of the cardiac studies, FS was successfully used at bleeding sites in reoperations and in congenital heart surgery. Postoperative bleeding may also be reduced by the anterior mediastinal spray application of FS or by preparing woven Dacron prostheses with the sealant. In addition, FS has been found to improve results after type A aortic dissections and, by adding an antibiotic to the sealant, the postoperative infection rate for active endocarditis of the aortic root can be reduced. In pulmonary surgery FS can be used to reduce pulmonary air leakage, however the results of some studies diverge due to different clinical test conditions and the inclusion of only a small number of patients in the "negative" studies. In none of the controlled studies of esophageal surgery could FS prevent leakage from esophageal anastomoses. **CONCLUSIONS:** Fibrin sealant is safe when it is applied properly, but there is a learning curve for surgeons who start using it. An autologous sealant or a sealant containing human instead of bovine thrombin is preferred, since repeated use of bovine thrombin may induce coagulopathies. The number of controlled clinical studies of FS is currently increasing, with the majority of the papers revealing a beneficial effect of FS when it is used as a hemostatic or sealing agent in cardiothoracic surgery.

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